

Reducing Recidivism: Washington State's Integrated Treatment Model



Washington State
Department of Social
& Health Services

Washington State Juvenile Rehabilitation Administration
Department of Social and Health Services

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Today's Session

Setting the context:

- What is our mission and who are our clients?
- Why an integrated treatment approach?
- What is the model?
- Pilot site outcomes
- Implementation experience



The Mission of the Juvenile Rehabilitation Administration

- **Protect the public**
- **Hold juvenile offenders accountable**
- **Reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings**

JRA Population Demographics

Sentencing Information

JRA is responsible for approximately 1300 youth committed annually to the department

2300 youth served annually on parole

Average residential stay: 46.4 weeks
Parole from 30 days to 36 months

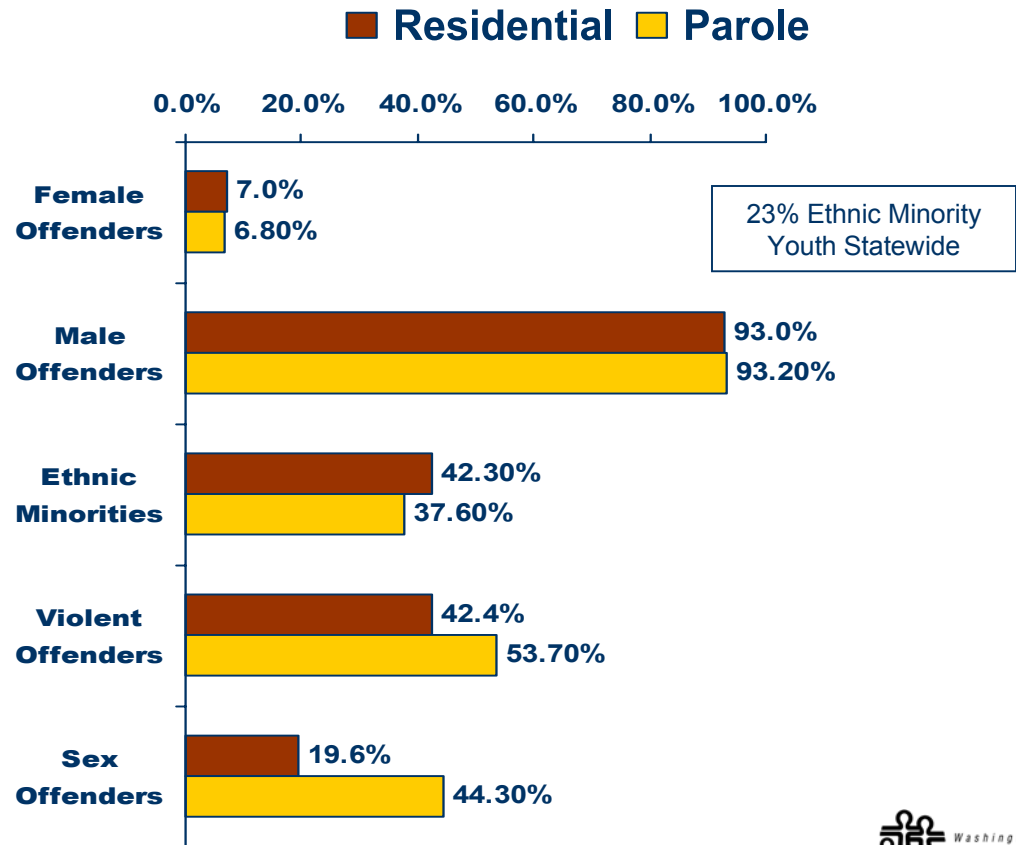
Average age of JRA youth

Females – R16.1 years P16.8 years

Males - R16.4 year P17.2 years

Minority Population Breakdown:

Hispanic	R12.6%	P11.0%
African-American	R17.6%	P15.4%
Native American	R6.7%	P5.1%
Asian	R4.1%	P3.8%
Other	R1.2%	P2.3%



Service Needs of JRA Youth

Cognitive Impairments:

Special education, developmentally disabled, mentally retarded, or borderline intellectual functioning

Medically Fragile:

Acute or chronic medical condition

Chemically Dependent:

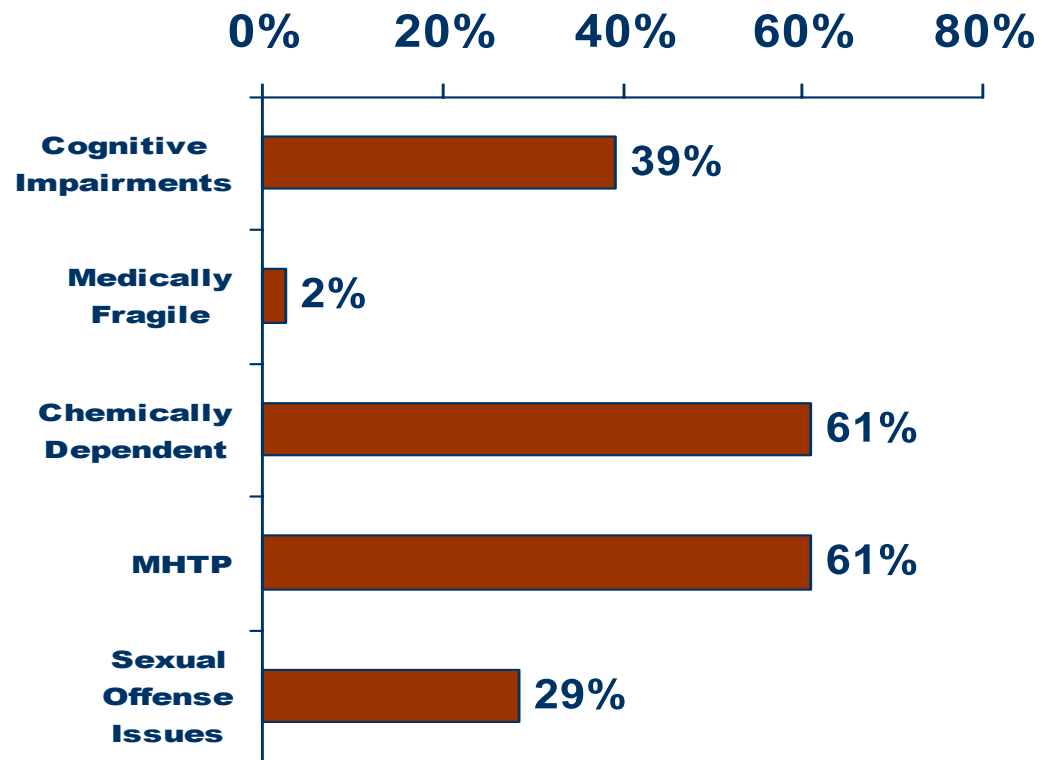
Condition defined by a chemical dependency evaluation

Mental Health Target Population (MHTP):

A current DSM-IV diagnosis, excluding those youth who have a sole diagnosis of conduct disorder, oppositional defiant disorder, pedophilia, paraphilia, or chemical dependency, or has demonstrated suicidal behavior in the last six months

Sexual Offense Issues:

- Current or prior felony or gross misdemeanor sex offense
- Sexually aggressive by risk assessment
- Current illegal sexualized behavior within the institution



Co-Occurring Disorder Service Needs

■ Residential ■ Parole Aftercare

SERVICE NEEDS

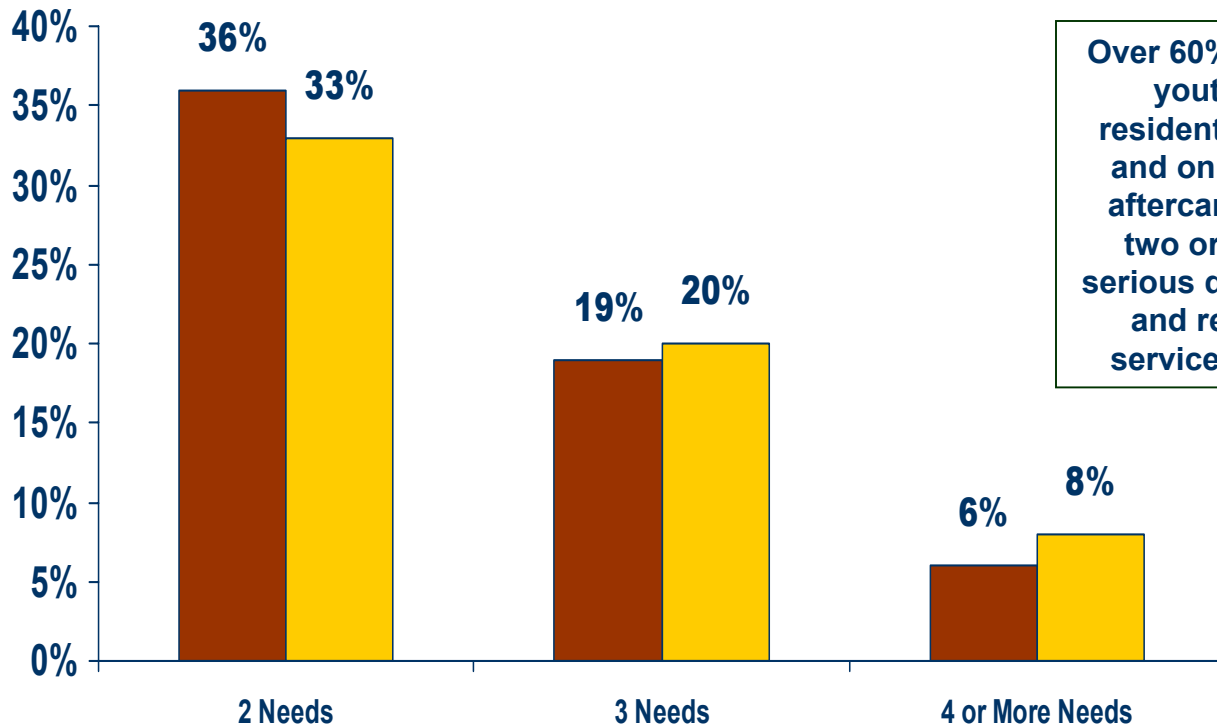
Mental Health

Chemical Dependency

Sex Offender Issues

Cognitive Impairment

Medical Fragility



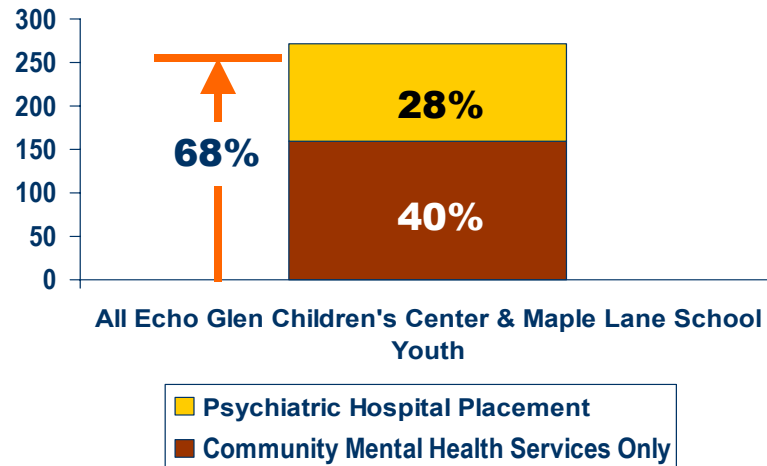
Over 60% of JRA youth in residential care and on parole aftercare have two or more serious disorders and related service needs

Mental Health Service History

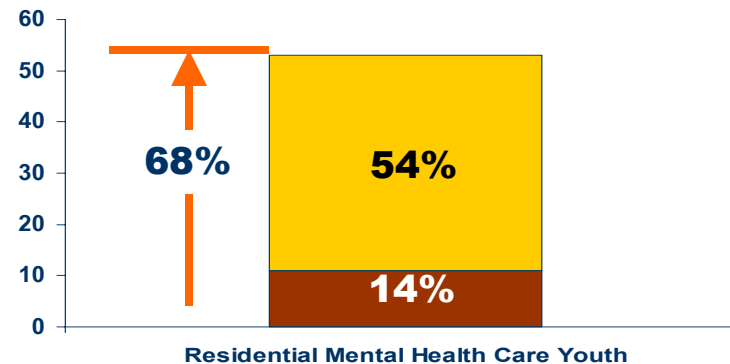
Maple Lane School & Echo Glen Children's Center

Figures are from January 2003 and are for youth in residence at Maple Lane School and Echo Glen Children's Center

N = 402



N = 78



Why an Evidence-Based Integrated Approach?

Clinical and services research demonstrates that integrated treatment is effective in achieving better outcomes than models that rely on uncoordinated parallel and sequential services.

Source: Federal Substance Abuse and Mental Health Services Administration

- **Using an Integrated Approach Just Makes Sense – *The ‘Duh’ Factor***
 - Consistent approach for youth
 - Consistent model for staff training and quality assurance purposes
 - Maximum effectiveness for the relatively short time we have to address complex needs
- **Evidence-Based Models Produce Desired Outcomes**
 - Families are strengthened
 - Communities are made safer
 - Youth are more skillful
- **Cost benefits to the state are very positive**

Designing the Model

What Works

- Modeling
- Reinforcement
- Graduated practice (“shaping”)
- Role play
- Extinction
- Concrete verbal suggestions (“coaching”)
- Resource provisions

Source: *National Institute of Corrections: CBT Strategies to Change Offender Behavior Conference, 1997*

What Doesn't Work

- Criminal Sanctions increase likelihood of recidivism*
- Deterrence (punishment) programs**
- Insight-oriented, psychodynamic, or non-directive individual or group treatments***
- Lack of direct training procedures with an absence of modeling and role playing***

**National Institute of Corrections: CBT Strategies to Change Offender Behavior Conference, 1997*

***Criminal Justice and Crime Prevention—a report to the National Institute of Justice, 1997.*

****What Works and Does Not Work to Reduce Recidivism; Robert Barnoski, Ph.D., 1997*

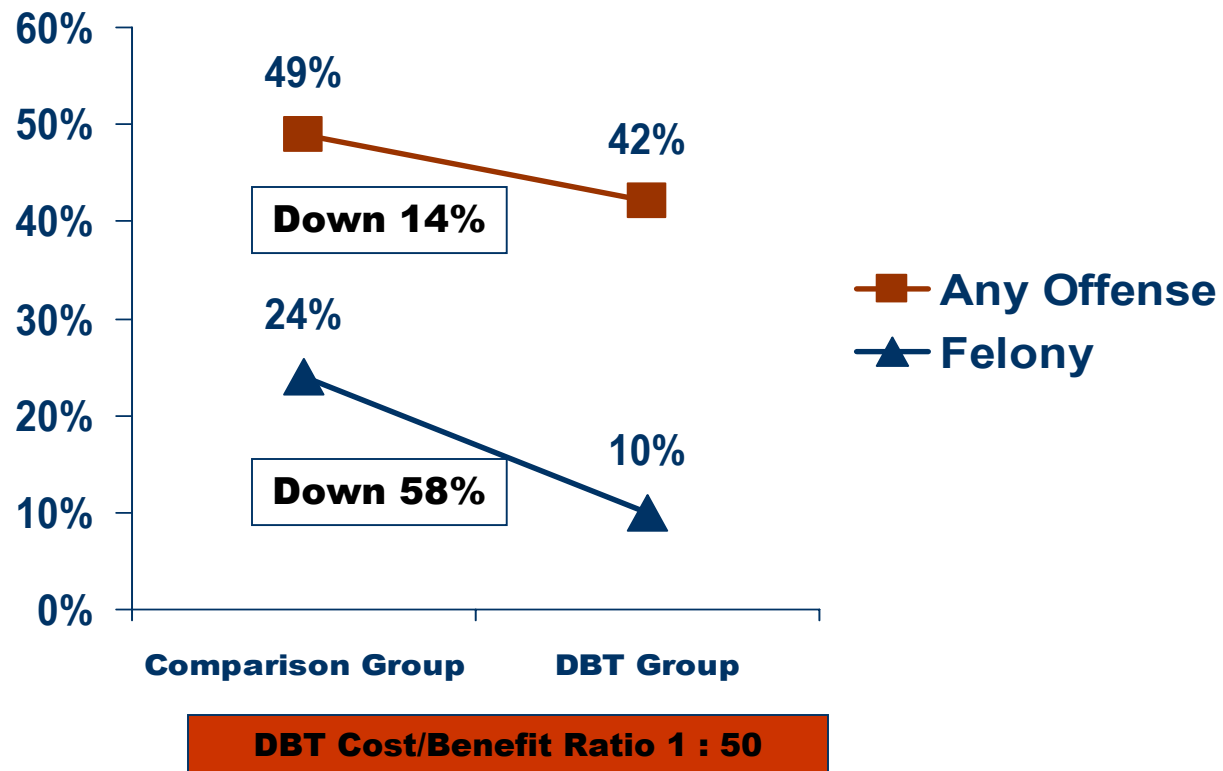
Evidence-Based Intervention

Dialectical Behavior Therapy

Copalis Cottage, Echo Glen Children's Center (EGCC)

12-Month Recidivism

Dialectical Behavior Therapy is the primary evidence-based intervention for youth with acute mental health issues at Echo Glen Children's Center and Maple Lane School



Impact of FFT Therapist Competency on Felony Recidivism

Locally Sanctioned Youth

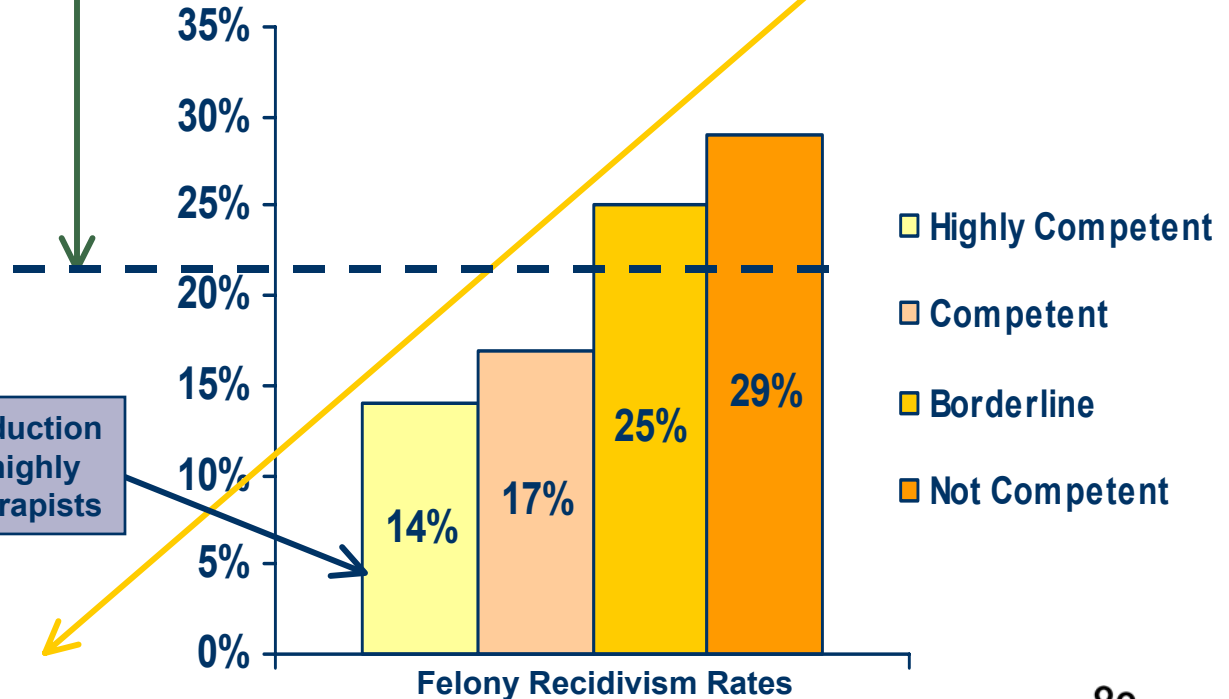
Each JRA parole region has an FFT consultant on staff to ensure fidelity to the model and enhance counselor competence

Comparison group
22%

FFT Cost/
Benefit Ratio
1 : 6.81

Developing Therapist
Competency is Key

Recidivism reduction
of 35% with highly
competent therapists



Elements of JRA's Integrated Approach

Integrated Services

Cognitive Behavioral Treatment

Individual & Group Counseling

Multi-Disciplinary Case Management

Chemical Dependency Treatment

Sex Offender Treatment

Academics

Work Readiness

Vocational Training

Forestry Crew

Structured Recreation

- **Research-based interventions**
- **Motivation and engagement of both youth and families**
- **A commonly understood language to be utilized throughout the juvenile justice continuum**
- **A uniform set of cognitive-behavioral skills**
- **Support to generalize and maintain positive changes**
- **Ongoing clinical consultation system to ensure the continuity of the interventions and adherence to the model**

Integrated Treatment Across a Continuum of Care

JRA Residential Facilities

Echo Glen Children's Center
Capacity: 214

Green Hill School
Capacity: 218

Maple Lane School
Capacity: 214

Naselle Youth Camp
Capacity: 144

Camp Outlook
Basic Training Camp
Capacity: 30

**Community Residential
Facilities**
Capacity: 111

Applying the model in a continuum of settings as youth gain and use skills

- **Secure Care:** assessment and development of reintegrative skills
- **Community Residential:** transition of youth and practice of skills in a community setting
- **Parole Aftercare:** support for generalization and maintenance of skills and engagement of families in youth rehabilitation

Integrated Treatment Model in Residential Care

Other Residential Evidence-Based Interventions

Aggression
Replacement Training

Moral Reconciliation
Therapy

Multi-Disciplinary Case
Management

● **Cognitive Behavioral Therapy**

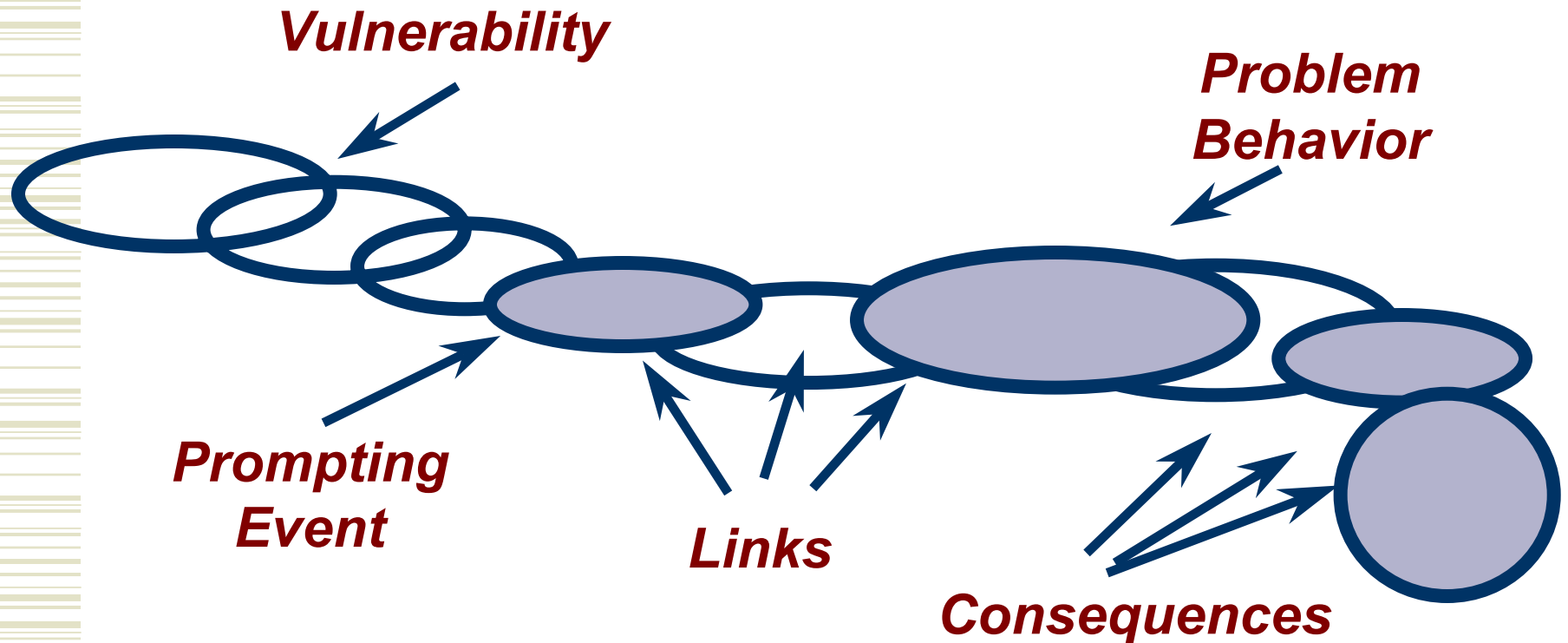
**Shaping, reinforcement, extinction,
and contingency management to
engage youth in change process**

● **Dialectical Behavioral Therapy**

**Severe acute mental health
management**

Behavioral Chain Analysis

Analyze the chain of events moment-to-moment over time



Behavioral Chain Analysis

Order of Behavioral Targeting

- **Decreasing**
 - Suicidal, assaultive or AWOL behavior
 - Treatment-interfering or program-destructive behavior
 - Quality-of-life interfering behavior

- **Increasing**
 - Behavior skill
 - Goal-directed behavior
 - Ability to structure own environment

Residential Integrated Treatment Model Skill Sets

● Mindfulness

- Skills to manage impulsiveness, rigidity, anxiety, and improve problem-solving ability

● Emotional Regulation

- Skills to control anger, frustration, shame, and emotional instability

● Distress Tolerance

- Skills to address suicidal behavior, aggression, self-destructive behavior, substance abuse or addiction, and compulsive criminal behavior

● Interpersonal Effectiveness

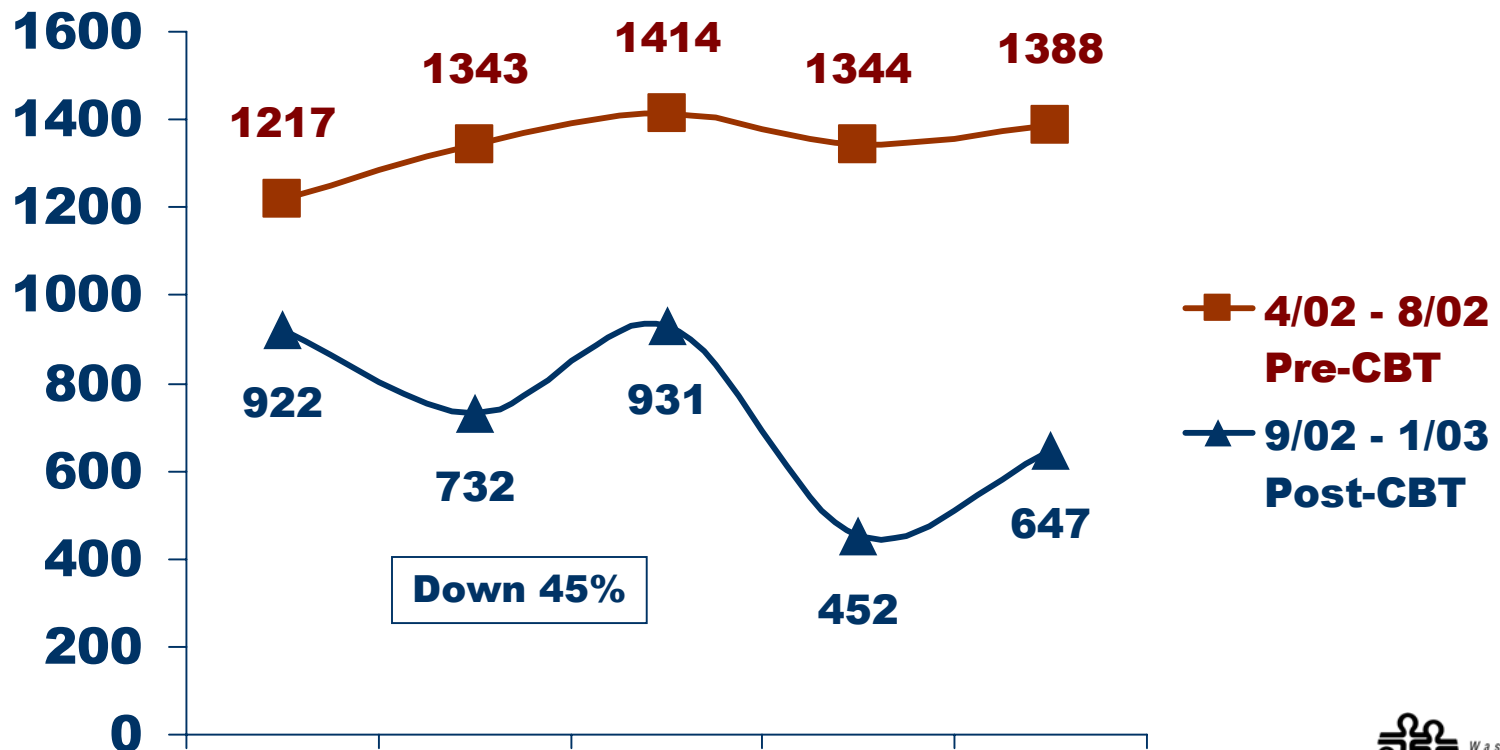
- Skills to resolve unstable relationships, loss, grief, and improve self-esteem and social competency

● Problem Solving

- Skills to improve abilities to cooperate, meet personal needs constructively, and be accountable and responsible for behavior and outcomes

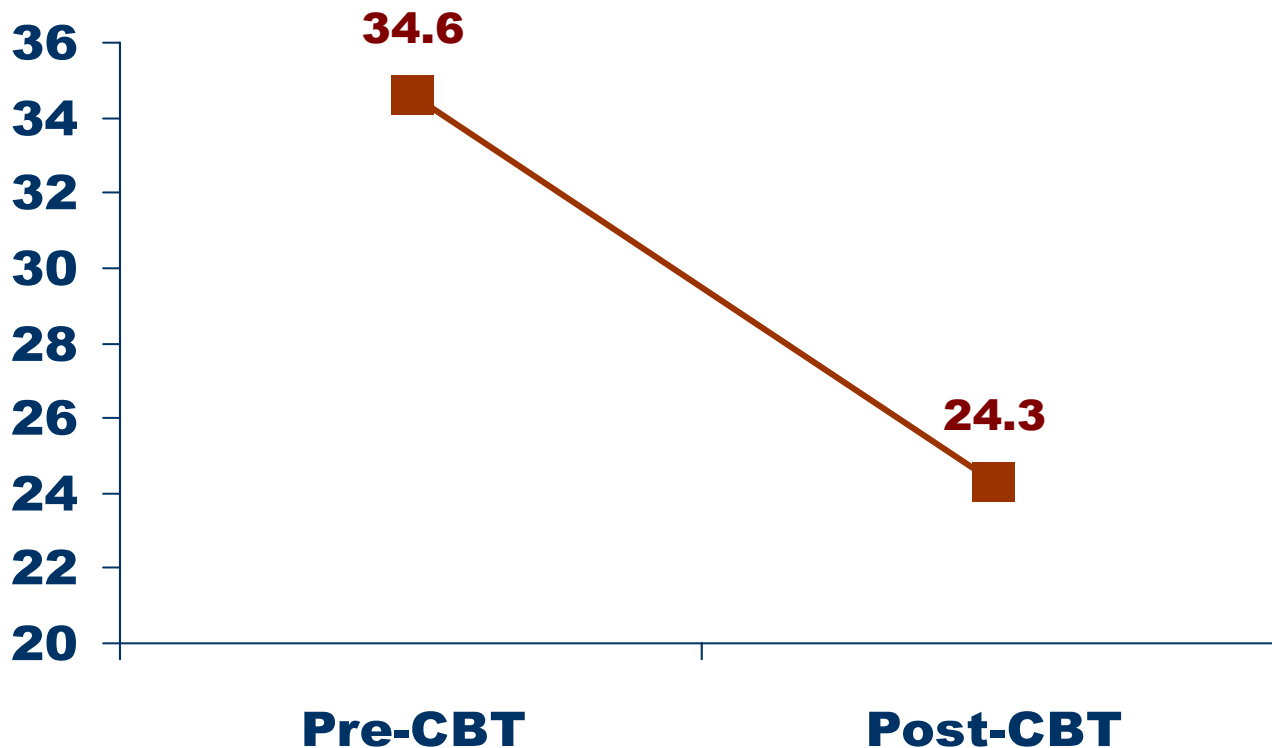
Residential Pilot Site Outcomes: Pre- & Post-CBT Off-Program Time

Pacific Cottage, Maple Lane School



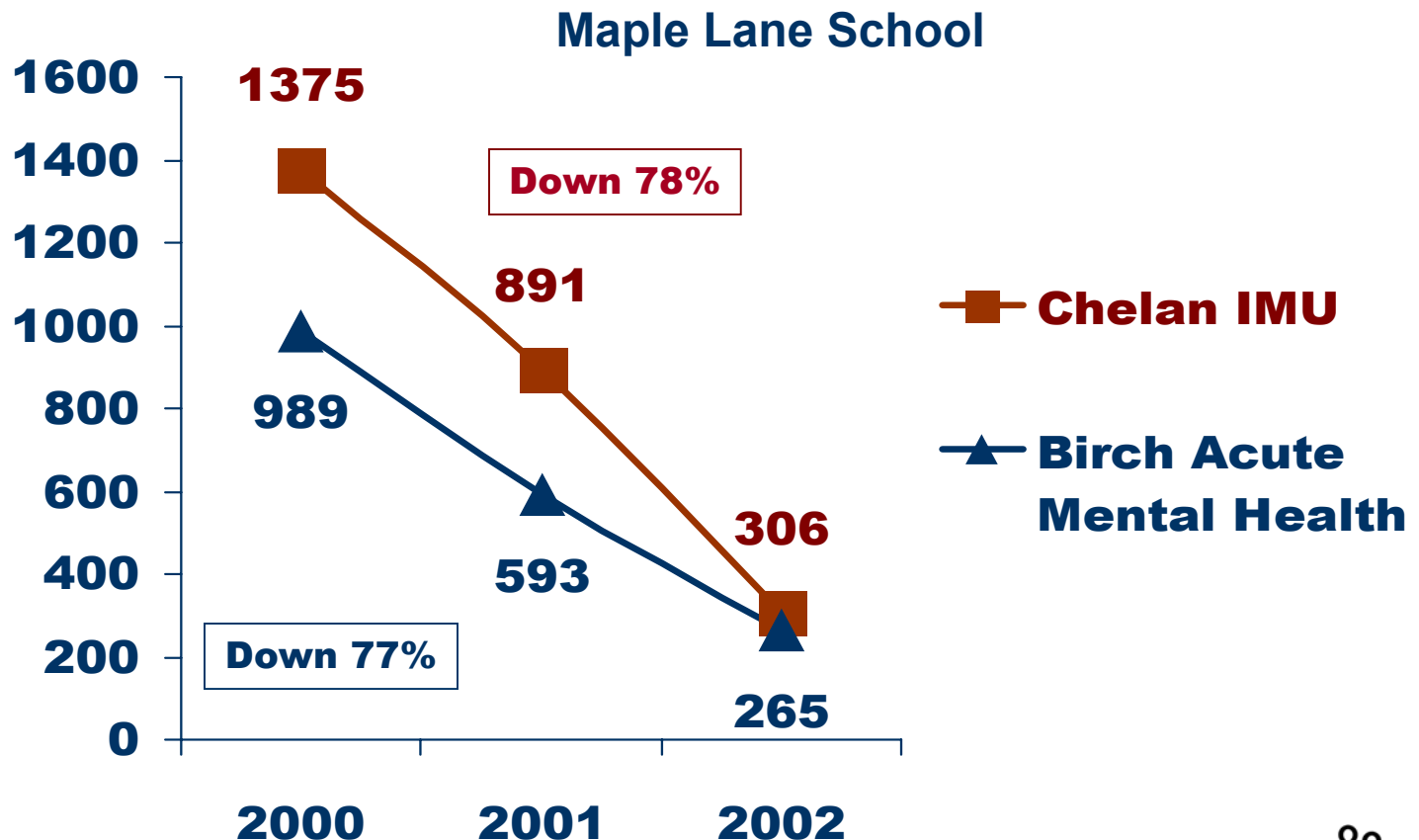
Residential Pilot Site Outcomes: Client Risk Assessment Scores Pre & Post CBT Comparison

Pacific Cottage, Maple Lane School



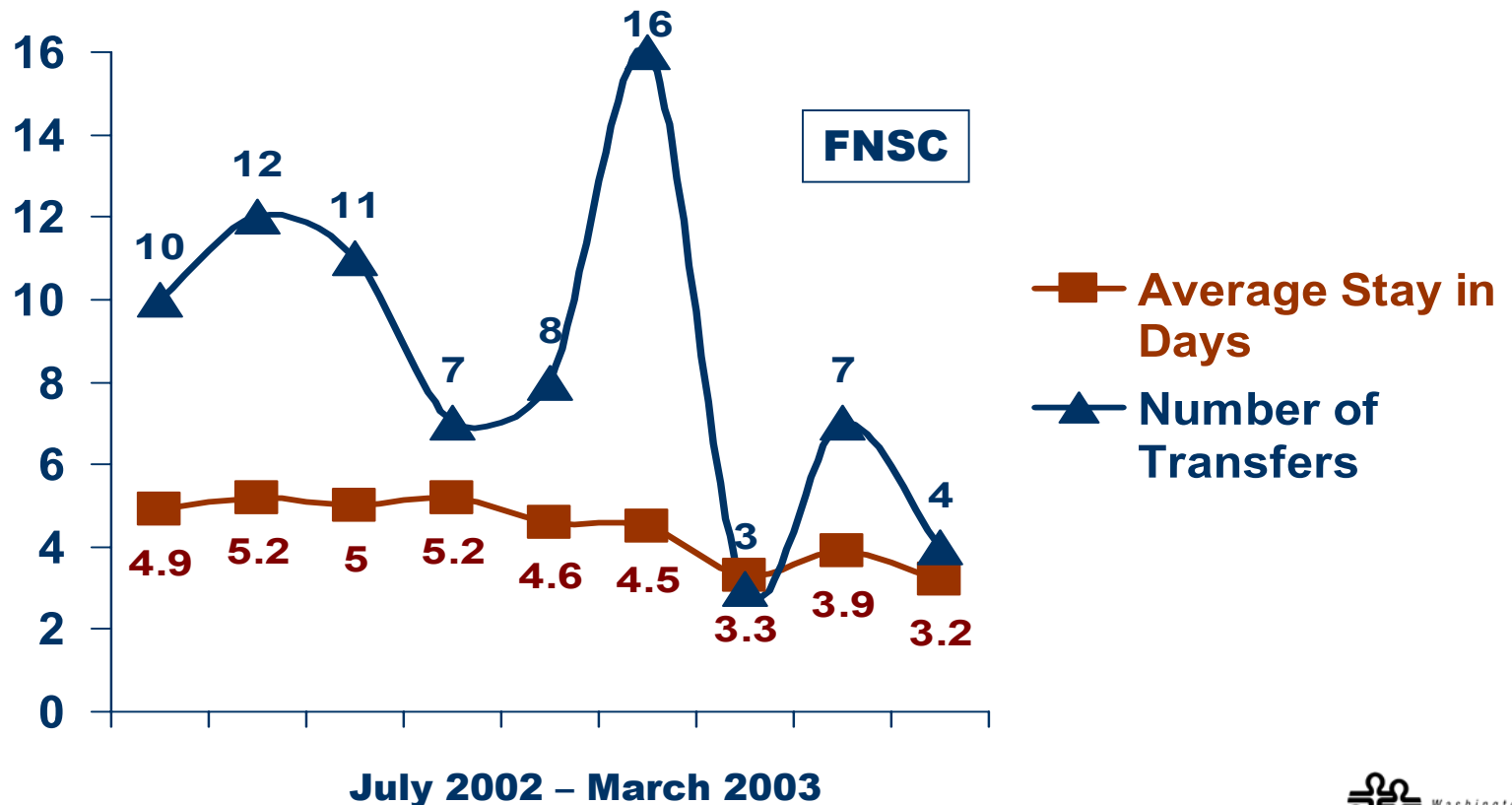
Residential Pilot Site Outcomes:

Requests for Security Assistance by
Intensive Management Unit and Acute Mental Health Unit



Residential Pilot Site Outcomes:

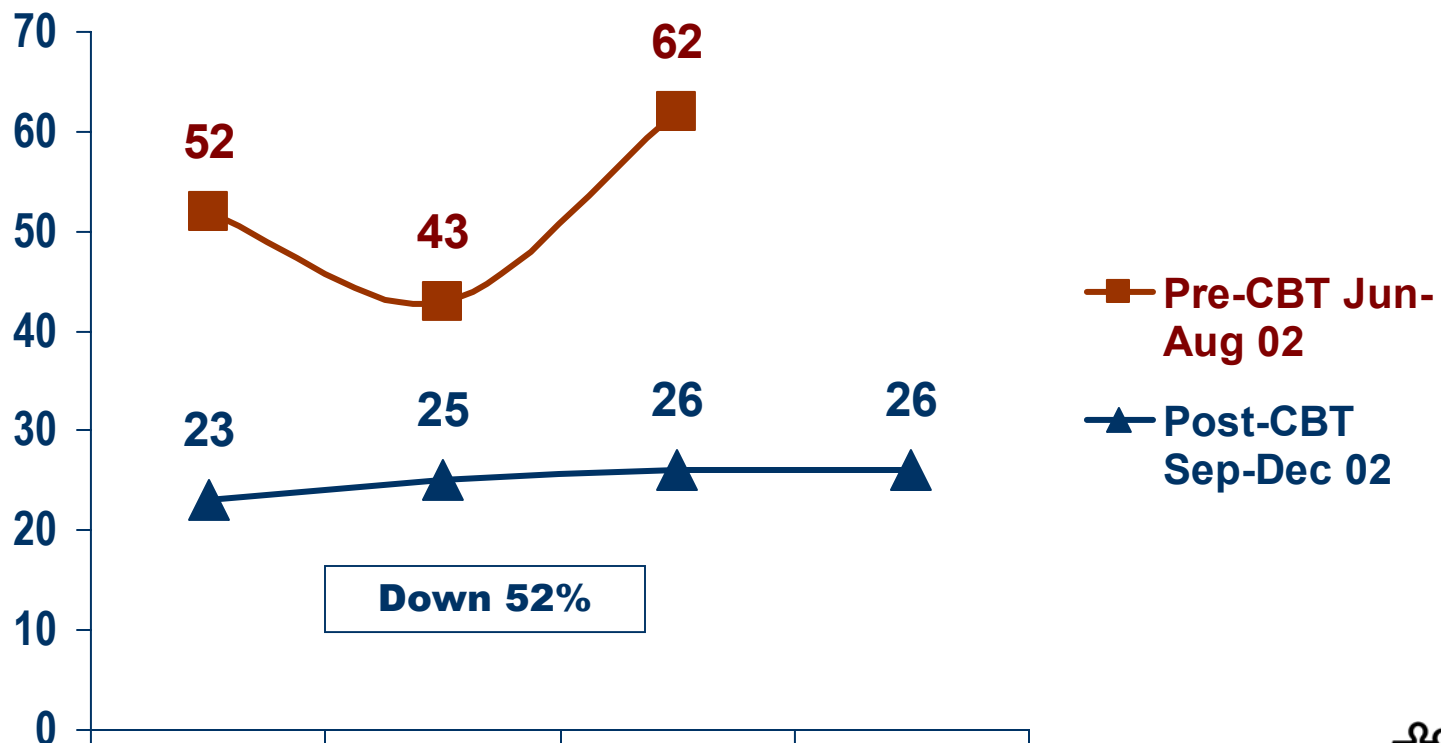
Transfers to Intensive Management Unit from Hawthorn Cottage, Green Hill School



Residential Pilot Site Outcomes

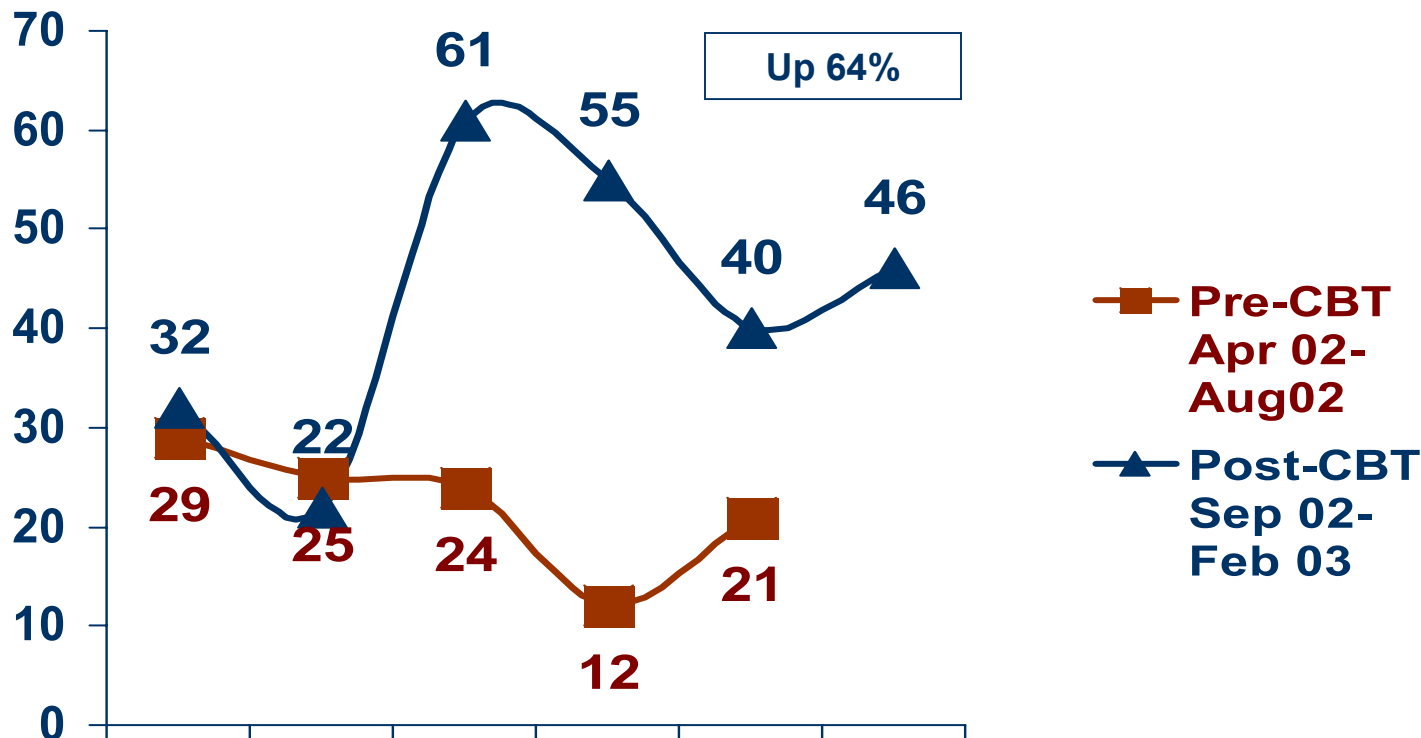
Pre & Post CBT Incidents Resulting in Off-Program Time

Moolock and Cougar Lodges, Naselle Youth Camp

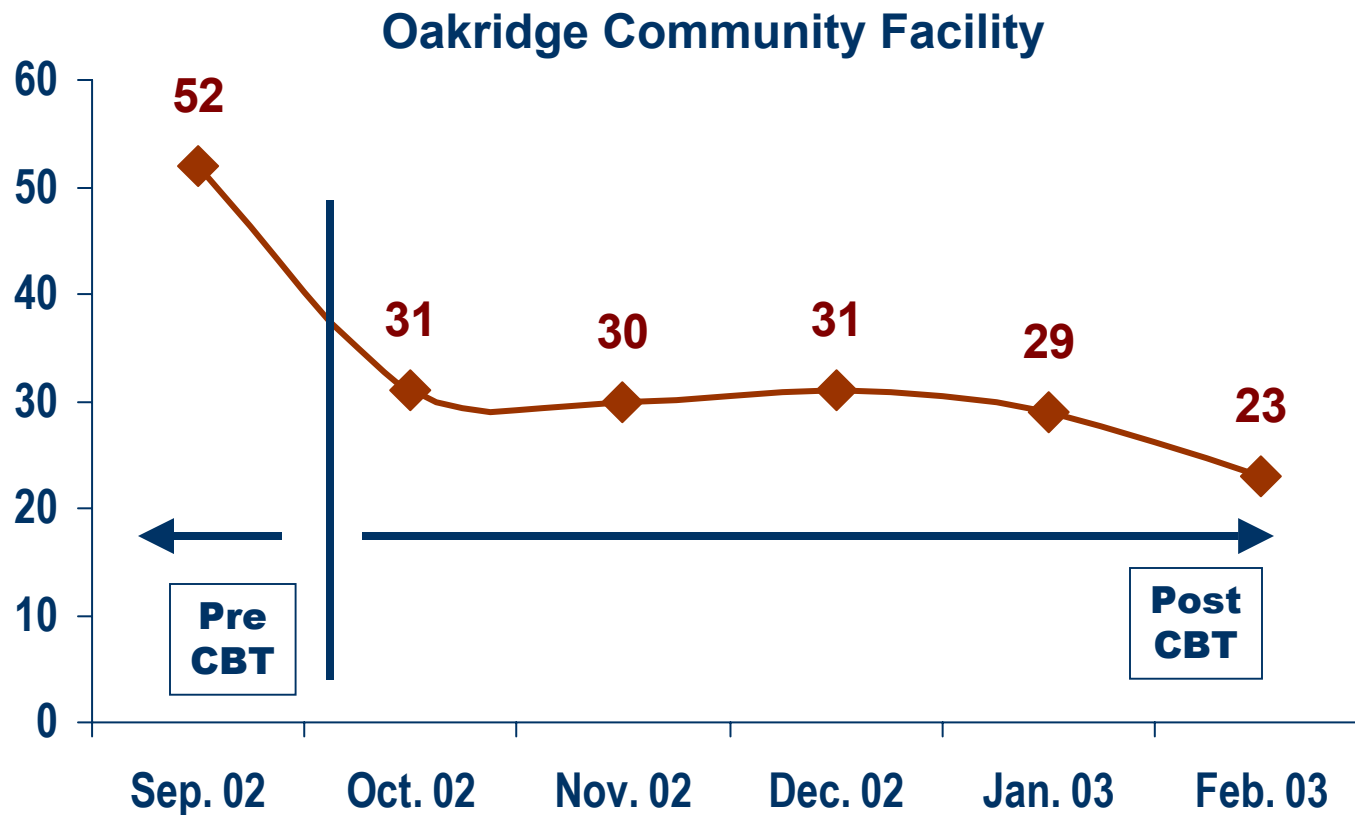


Residential Pilot Site Outcomes: Percent of Youth Earning “Points Party”

Cougar Lodge, Naselle Youth Camp



Residential Pilot Site Outcomes: Rule Infractions



ITM in Parole Aftercare Functional Family Parole

Evidence-Based Aftercare Services

Functional Family
Parole

Functional Family
Therapy

Family Integrative
Therapy

Aggression
Replacement Training

Mentoring

Multi-Disciplinary
Case Planning

**Offender
Focused**



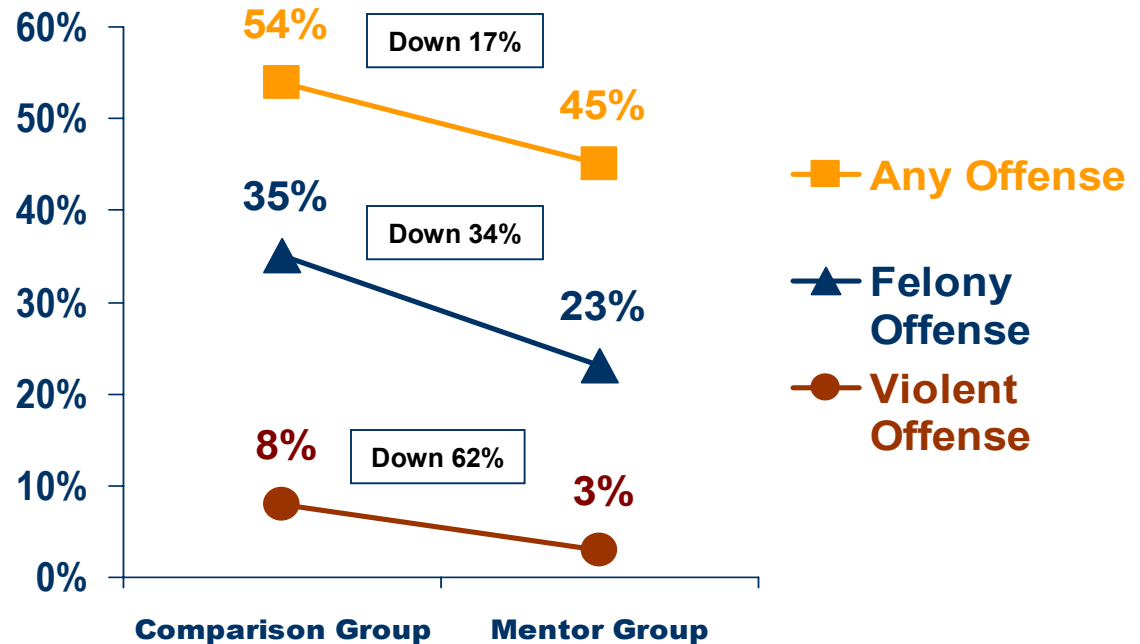
**Family
Focused**

- Developing staff understanding of youth behavior in a family systems context
- Reducing negativity and blaming in the family through reframing
- Creating a therapeutic alliance with the family to assist youngsters with skills generalization
- Creating new solutions for the family utilizing a “*match to*” approach to identify appropriate services

Integrated Treatment Model Outcomes – *Mentoring*

U.S. Surgeon General:

“...the largest economic returns are achieved with interventions targeted at juvenile offenders who are at the greatest risk of future offending.”



Mentoring Cost/Benefit Ratio: 1:7.68

Implementing the Integrated Treatment Model

Successes

- **Engagement and training of staff**
- **Engagement of families**
- **Preliminary outcomes**
- **Development of data to support the model**
- **Staff see results with the model**
- **Establishment of internal consultants**

Challenges

- **Engagement and training of staff**
- **Engagement of families**
- **Maintaining a strong care continuum**
- **Access to resources necessary to get the job done**
- **Keeping the momentum going as staff turnover occurs**
- **Budget driven erosion of aftercare services**

Implementing the Integrated Treatment Model

What We Had When We Started

- **Vision**
- **Treatment and rehabilitative focus**
- **Excellent leadership teams**
- **Committed staff**

What We Didn't Have

- **New money**

A Family's View of Integrated Treatment

Excerpt from a
letter written
by a parent whose
son was a resident
in a JRA Integrated
Treatment Model
pilot site

“We are grateful to the State of Washington, whose commitment to helping troubled youth and their families facilitated so much positive growth individually for our son, and collectively for us as his family. We cringe when we think of the possible outcome had he committed his crime in another state.”

A Youth's View of Integrated Treatment

Excerpt from a letter written by a young woman who participated in the Integrated Treatment Model pilot program at Naselle Youth Camp

I would like to thank all of you for teaching me the skills to be a better person...Being at Naselle helped me in so many ways – DNR, the BRIDGE program, CBT...I know that if you had made it like we were really in jail I would not have learned anything...I learned that the only way to solve things is by being in your W.I.S.E mind and using other skills along with that one...Thank you all so much

A Visiting Professional's View of Integrated Treatment

From a letter received by the Superintendent of Green Hill School after a visit by juvenile corrections professionals

I have visited programs throughout the US and believe me, you have a dream facility. I didn't know it could be done that well. I always had a vision of creating a facility where I would feel OK if my child had to be there. I have never been able to do that but y'all have. I take my hat off to you and the JRA administration for the vision and fortitude to make it happen. I got a large infusion of hope from our visit.

*Again, I thank you,
Ph.D.
Director of Mental Health*